

OPERATIONAL MEMO

| TITLE: | TEMPORARY ENHANCED RATE FOR THE HOME |
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| | AND COMMUNITY-BASED SERVICES (HCBS) |
| | WAIVER RESPITE BENEFIT |
| SUPERSEDES NUMBER: | |
| EFFECTIVE DATE: | DECEMBER 17, 2021 |
| DIVISION AND OFFICE: | BENEFITS & SERVICES MANAGEMENT DIVISION, |
| | OFFICE OF COMMUNITY LIVING |
| PROGRAM AREA: | HCBS WAIVER SERVICES |
| KEY WORDS: | AMERICAN RESCUE PLAN ACT, ARPA, RESPITE |
| | CARE, HOME AND COMMUNITY-BASED SERVICES, |
| | HCBS, RATE INCREASES, CORONAVIRUS, COVID |
| | 19, PRIOR AUTHORIZATION REQUEST, PAR, |
| | COMMUNITY CENTERED BOARD, CCB, SINGLE |
| | ENTRY POINT, SEP, RATE ADJUSTMENTS, |
| | ELDERLY, BLIND AND DISABLED (EBD) WAIVER, |
| | COMMUNITY MENTAL HEALTH SUPPORTS |
| | (CMHS) WAIVER, BRAIN INJURY (BI) WAIVER, |
| | SPINAL CORD INJURY (SCI) WAIVER, CHILDREN'S |
| | EXTENSIVE SUPPORTS (CES) WAIVER, CHILDREN |
| | WITH LIFE LIMITING ILLNESS (CLLI) WAIVER, |
| | CHILDREN'S HABILITATION RESIDENTIAL |
| | PROGRAM (CHRP) WAIVER, AND THE SUPPORTED |
| | LIVING SERVICES (SLS) WAIVER |
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Purpose and Audience:

The purpose of this Operational Memo is to inform stakeholders, members, providers, and Case Management Agencies (CMAs) of a temporary rate increase or enhanced rate using American Rescue Plan Act (ARPA) funding for the Home and Community-Based Services (HCBS) waiver Respite benefits. This temporary enhanced rate is available to



Respite services on the Elderly, Blind and Disabled (EBD), Community Mental Health Supports (CMHS), Brain Injury (BI), Spinal Cord Injury (SCI), Children's Extensive Support (CES), Children with Life Limiting Illness (CLLI), Children's Habilitation Residential Program (CHRP), and Supported Living Services (SLS) waivers, as indicated in the table below.

The funding for this temporary enhanced rate is provided by the federal ARPA funding as part of the Department's federally approved ARPA Spending Plan. The enhanced rate is in direct response to the COVID-19 pandemic and the need to provide relief to primary caregivers to help members and their families as well as increase provider capacity for the HCBS waivers' Respite benefits.

Information:

Increasing the availability of respite care was one of the most frequently cited items by Colorado stakeholders for consideration in the Department's ARPA spending plan. As a result of the COVID-19 pandemic, more in-home care has been needed, yet the direct care workforce has been limited, causing families to be left providing care with little to no relief. Now more than ever, respite services are critical in preventing primary caregiver burnout and ensuring the health and safety of members. The Department hopes to encourage those who have been providing respite services to continue to do so and incentivize other providers to start providing respite care. A 25% temporary rate increase will be applied retroactively from April 1, 2021 and through March 31, 2022 for all HCBS respite services as listed in the table below.

Please review the HCBS Rate Schedule.

| Service | Unit Type | Impacted Code | |
|--|---|----------------------------------|--|
| Respite Care- Members enrolled in the Elderly, Blind, and Disabled (EBD) Waiver | Respite-Alternative Care Facility (ACF), Day In-Home Respite 15- Minute, Unit Respite-Nursing Facility, Day | S5151 U1 S5150 U1 H0045 U1 | |



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| Respite Care- Members enrolled in the Community Mental Health Supports (CMHS) Waiver | Respite- Alternative Care Facility (ACF), Day Respite- Nursing Facility, Day | S5151 UA H0045 UA |
| Respite Care- Members enrolled in the Brain Injury (BI) Waiver | In-Home Respite, 15- Minute Unit Respite-Nursing Facility, Day | S5151 U6 H0045 U6 |
| Respite Care- Members enrolled in the Spinal Cord Injury (SCI) Waiver | Respite-Alternative Care Facility (ACF), Day In-Home Respite, 15 Minute Unit Respite-Nursing Facility, Day | S5151 U1, SC S5150 U1, SC H0045 U1, SC |
| Respite Care- Members enrolled in the Supported Living Services (SLS) Waiver | Individual, 15 Minute Unit Individual, Day | S5150, U8 S5151, U8 |
| Respite Care- Members enrolled in the Children's Extensive Supports (CES) Waiver | Individual, 15-Minute Unit Individual, Day | S5150, U7 S5151, U7 |



| Respite Care- Members enrolled in the Children with Life Limiting | Unskilled (4 hours or less), 15-Minute Unit | S5150, UD |
|---|--|---------------|
| Illness (CLLI) Waiver | Unskilled (4 hours or more), 15-Minute Unit | S5151, UD |
| | CNA (4 hours or less), 15- Minute Unit | T1005, UD |
| | CNA (4 hours or more), 15-Minute Unit | S9125, UD |
| | Skilled RN, LPN (4 hours or less), 15-Minute Unit | T1005, UD, TD |
| | Skilled RN, LPN (4 hours or more), 15-Minute Unit | S9125, UD, TD |
| | Facility Based Respite | T2037, UD |
| Respite Care- Members enrolled in the Children's Habilitation | Individual- In Family Home, 15-Minute Unit | S5150, U9, HA |
| Residential Program (CHRP) Waiver | Individual Day- In Family Home | S5151, U9, HA |
| | Individual- In Residential Settings, 15-Minute Unit | S5150, U9, HI |
| | Individual Day- In Residential Settings | S5151, U9, HI |

Over Cost Containment (OCC):

• If the average daily cost for a Prior Authorization Request (PAR) exceeds the \$285 OCC amount due to the increased rates, the case manager does not need approval from Telligen. If a PAR has been submitted to the InterChange and the status shows as "Pending State Review", "Suspended" or "Work in Progress",



please send an email to ltssocc@state.co.us with the PAR number and your specific request for assistance.

Billing Procedure:

- Providers do not need to adjust claims that have already paid to receive the enhanced respite rates.
- To get the increase, providers must bill a supplemental, temporary code to get the differential between the amount paid for the original date of service and the rate increase. The Department will load these codes onto each impacted PAR.
 - Steps necessary before providers bill temporary codes:
 - Provider checks Prior Authorizations for presence of supplemental, temporary code, or verifies its existence by contacting Provider Services Call Canter at 1-844-235-2387.
 - Provider submits a new claim with the temporary code for the same dates of service which have already been billed.

Rate Information:

- The rate increases for Respite services were calculated based on the July 1, 2021, rate with the application of the 2.5% across-the-board increase and increases were calculated based on the rate **before** the application of the 2.11% increase.
- The rate increase for Respite services for April 1, 2021 June 30, 2021, were calculated based on the rate effective July 1, 2020, with the application of 2.11%.

| Service July 1, 2021) Increase Amount Amount Increase | Service | Base Rate (July 1, 2021 Rate WITH the 2.5% Across the Board Increase effective July 1, 2021) | Rate with 2.11% | Dollar | Dollar | Total Percentage Increase |
|---|---------|--|-----------------|--------|--------|---------------------------------|
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| In-Home Respite - SLS, CES, EBD, BI, SCI | \$5.78 | \$5.91 | \$0.13 | \$1.44 | 27.16% |
| ACF Respite - EBD, CMHS, SCI | \$90.28 | \$92.15 | \$1.87 | \$22.6 | 27.10% |
| Nursing Facility Respite - EBD, SCI, BI, CMHS | \$181.18 | \$184.91 | \$3.73 | \$45.39 | 27.11% |
| Individual Day Respite - SLS, CES | \$231.36 | \$236.24 | \$4.88 | \$57.96 | 27.16% |
| Unskilled Respite (4 hours or less) - CLLI | \$5.64 | \$5.76 | \$0.12 | \$1.41 | 27.13% |
| Unskilled Respite (4 hours or more) - CLLI | \$101.42 | \$103.56 | \$2.14 | \$25.39 | 27.14% |
| CNA Respite (4 hours or less) - CLLI | \$7.39 | \$7.55 | \$0.16 | \$1.84 | 27.06% |
| CNA Respite (4 hours or more) - CLLI | \$131.31 | \$134.08 | \$2.77 | \$32.89 | 27.16% |
| Skilled RN/LPN Respite (4 hours or less) - CLLI | \$16.07 | \$16.41 | \$0.34 | \$4.02 | 27.13% |



| Skilled RN/LPN Respite (4 hours or more) - CLLI | \$289.11 | \$295.21 | \$6.10 | \$72.42 | 27.16% |
|---|----------|----------|--------|---------|--------|
| Facility Based - CLLI | \$204.57 | \$208.89 | \$4.32 | \$51.25 | 27.16% |
| Individual Respite - In Family Home - CHRP | \$5.48 | \$5.60 | \$0.12 | \$1.37 | 27.19% |
| Individual Day Respite - In Family Home - CHRP | \$216.87 | \$221.45 | \$4.58 | \$54.33 | 27.16% |

Attachment(s):

None

Department Contact:

HCPF_HCBS_Questions@state.co.us